

For office use:

47651

Tracking No.

BP-15139-A

Minor Change to Permit No.

Minor Change Request

for revisions to previously issued permits

1. APPLICANT INFORMATION

| | | | |
|-----------------|----------------------------------|------------------------|-----------------------------------|
| Name(s) | George J. Motta | Daytime Phone | WK: 617 692 0599 HM: 207 655 2202 |
| Mailing Address | 34 Cape Rd. Raymond, ME 04071 | E-mail (if applicable) | kgmotta1@aol.com |

2. PREVIOUSLY ISSUED PERMIT INFORMATION

| | | | |
|----------------|-----------|--------------|---------|
| Permit Number: | BP: 15139 | Date Issued: | 4/24/14 |
|----------------|-----------|--------------|---------|

3. PROJECT LOCATION AND PROPERTY DETAILS

| | | | |
|--|----------------------------|---|----------|
| Township, Town or Plantation: | Caryng Place Town Township | County: | Somerset |
| Tax Plan and Lot Numbers (check tax bill): | SO 003 02 36A | Book/Page or Lease Numbers (check deed or lease): | 4513/106 |

4. PROPOSED CHANGES

- ☐ Transfer of ownership. Submit a new deed, lease or sales contract. Provide the name of the previous permit holder.
- ☐ Typographical errors or other errors of transcription. Describe the errors and proposed corrections, below.
- ☐ Changing the phrasing of the Commission's written decision. Describe the phrasing of concern and the proposed corrections, below.
- ☒ Corrections of dimensions or minor variations, expansions or changes affecting less than 10% of an approved structure or project. Submit a site plan.

Describe in detail the Minor Change that you are proposing.

- 1) New Septic Design (attached): Note Septic field in exact location as original submission but slightly smaller. Causes cabin location to be slightly different.
- 2) Fill: Cabin foundation is slightly higher (1') Expect to bring in 200 yards of clean fill to be placed next to foundation.
- 3) change cabin dimension size from 36'x30' to 36'x32'.

5. CERTIFICATION AND APPLICANT SIGNATURES (all persons listed on the deed, lease or sales contract must sign below)

I have personally examined the information submitted in this request, including the accompanying attachments, and to the best of my knowledge and belief, this request is true and accurate I certify that the above described request will be completed in accordance with the Commission's permit conditions and applicable standards. I understand that activities carried out in violation of any conditions or standards are subject to enforcement action.


Applicant Signatures

7/18/14
Date

COMMISSION ACKNOWLEDGMENT (for office use)

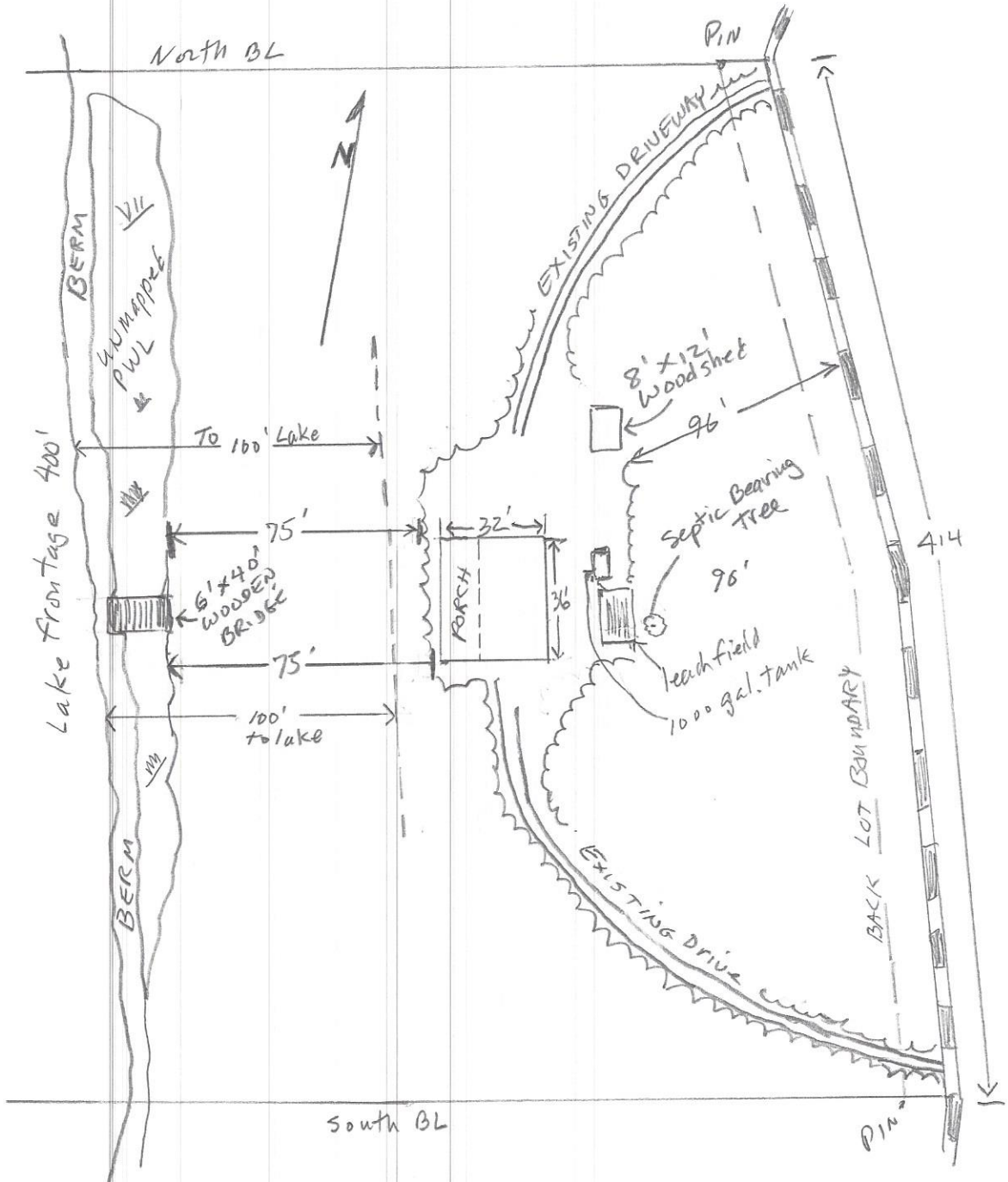
Based upon the information supplied by the applicant in this form and the attachments, staff finds that this request qualifies as a minor change to a permit previously authorized by the Commission. All conditions of previously issued Commission permits shall remain in effect.


LUPC Authorized Signature

7-24-14
Effective Date

Minor Change Request

EXHIBIT D-1 SITE PLAN



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

| | | | |
|---|-----------------------------------|---|--------------------------------|
| PROPERTY LOCATION | | >> CAUTION: LPI APPROVAL REQUIRED << | |
| City, Town, or Plantation | Carrying Place TWP | Town/City | Permit # |
| Street or Road | Mass Pike | Date Permit Issued | Fee: \$ Double Fee Charged [] |
| Subdivision, Lot # | | | L.P.I. # |
| OWNER/APPLICANT INFORMATION | | Local Plumbing Inspector Signature | |
| Name (last, first, MI) | Motta, George | <input type="checkbox"/> Owner <input type="checkbox"/> Applicant | |
| Mailing Address of Owner/Applicant | 34 Cape Road Raymond, ME 04071 | The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules. | |
| Daytime Tel. # | 617-692-0599 | Municipal Tax Map # | Lot # |
| OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. | | CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. | |
| Signature of Owner or Applicant | | Local Plumbing Inspector Signature | |
| Date | | (1st) date approved | |

| | | | |
|--|---|--|--|
| PERMIT INFORMATION | | | |
| TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion | THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit | DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components | |
| SIZE OF PROPERTY 2 +/- _____ <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES | DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 2 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped | TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other | |
| SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | |
|---|--|--|---|
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
| TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL. | DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 120 _____ sq. ft. <input checked="" type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet | DESIGN FLOW 180 _____ gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION 3 / C at Observation Hole # 1 Depth 16" of Most Limiting Soil Factor | DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd | EFFLUENT/EJECTOR PUMP <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons | <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA |
| LATITUDE AND LONGITUDE at center of disposal area Lat. 45 _____ d 10 _____ m 38.46 _____ S Lon. 70.06 _____ d 49.56 _____ m _____ S if g.p.s, state margin of error: 40 | | | |

| | | | |
|--|----------------------------------|-----------------|--|
| SITE EVALUATOR STATEMENT | | | |
| I certify that on <u>6-11-14</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). | | | |
| <u>Gregory Perkins</u> Site Evaluator Signature | 096 SE # | 6-27-14 Date | gregperkins096@yahoo.com E-mail Address |
| Gregory Perkins Site Evaluator Name Printed | 207-735-6013 Telephone Number | | |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

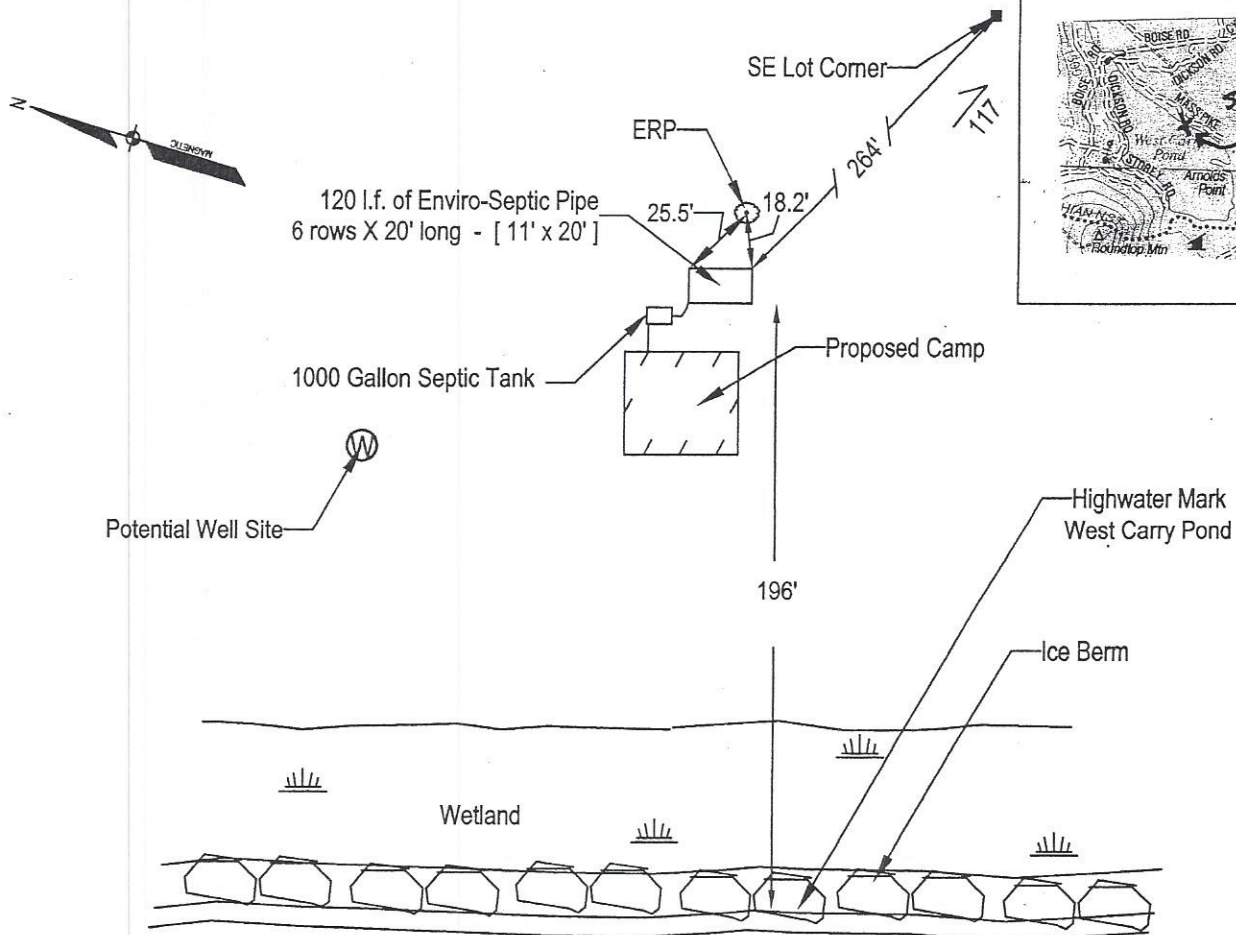
Town, City, Plantation
Carrying Place TWP

Street, Road, Subdivision
Mass Pike

Owner or Applicant Name
George Motta

SITE PLAN Scale 1" = 60 ft.

SITE LOCATION PLAN



SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

| Observation Hole # | TP-1 | Test Pit | Boring |
|---|----------------|----------|-----------------|
| 3 | | | |
| Depth of organic horizon above mineral soil | | | |
| Texture | Consistency | Color | Mottling |
| 0 | Sandy Loam | Friable | Reddish Brown |
| 6 | Sandy Loam | Friable | Yellow Brown |
| 12 | Sandy Loam | Friable | Yellow Brown |
| 18 | Sandy Loam | Firm | Olive Brown |
| 24 | Sandy Loam | Firm | Olive Brown |
| 30 | Sandy Loam | Firm | Olive Brown |
| 36 | Sandy Loam | Firm | Olive Brown |
| 42 | Sandy Loam | Firm | Olive Brown |
| 48 | Sandy Loam | Firm | Olive Brown |
| Limit of Excavation at 33 inches | | | |
| Soil | Classification | Slope | Limiting Factor |
| 3 | C | 8 | 16" |
| Profile | Condition | Percent | Depth |

| Observation Hole # | | Test Pit | Boring |
|---|----------------|----------|-----------------|
| | | | |
| Depth of organic horizon above mineral soil | | | |
| Texture | Consistency | Color | Mottling |
| 0 | | | |
| 6 | | | |
| 12 | | | |
| 18 | | | |
| 24 | | | |
| 30 | | | |
| 36 | | | |
| 42 | | | |
| 48 | | | |
| Soil | Classification | Slope | Limiting Factor |
| | | | |
| Profile | Condition | Percent | Depth |

Site Evaluator Signature

SE #

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

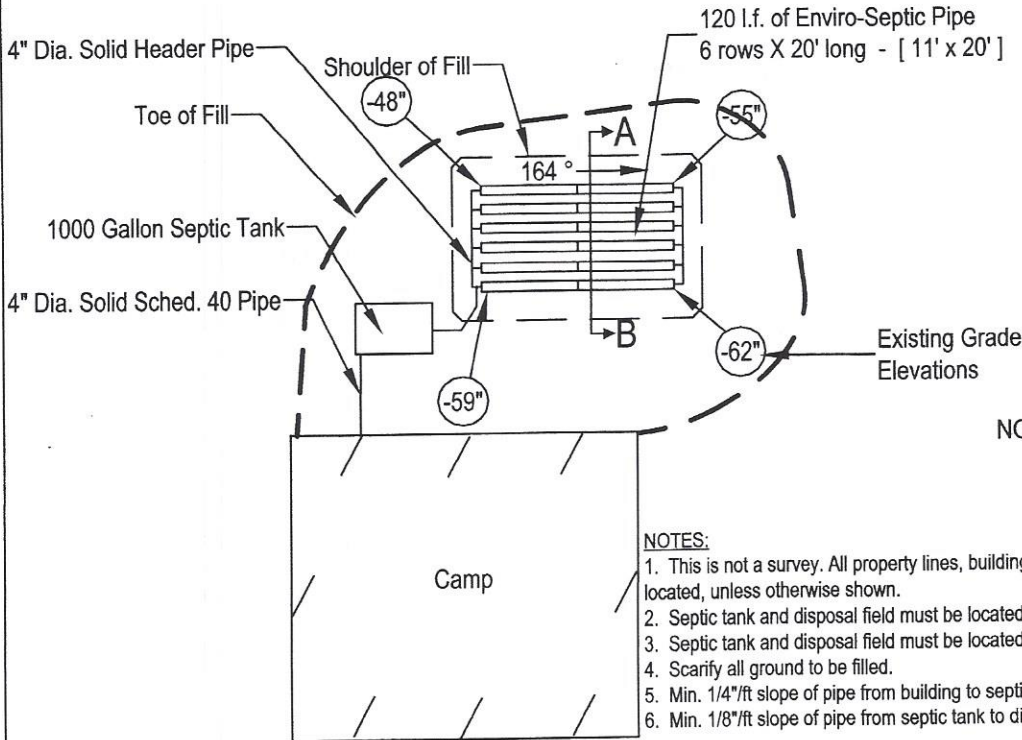
Town, City, Plantation
Carrying Place TWP

Street, Road, Subdivision
Mass Pike

Owner or Applicant Name
George Motta

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft



BACKFILL REQUIREMENTS

DEEPER FILL NEEDED FOR X-SEC SHOWN BELOW

Depth of Backfill (upslope) 16-23"
Depth of Backfill (downslope) 27-30"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation (at Row 1) -32"
Top of Proprietary Device (at Row 1) -40"
Bottom of Disposal Field (at Row 1) -52"

ELEVATION REFERENCE POINT

Location & Description: Nail in 16" DBH Maple

Reference Elevation is 0.0" or:

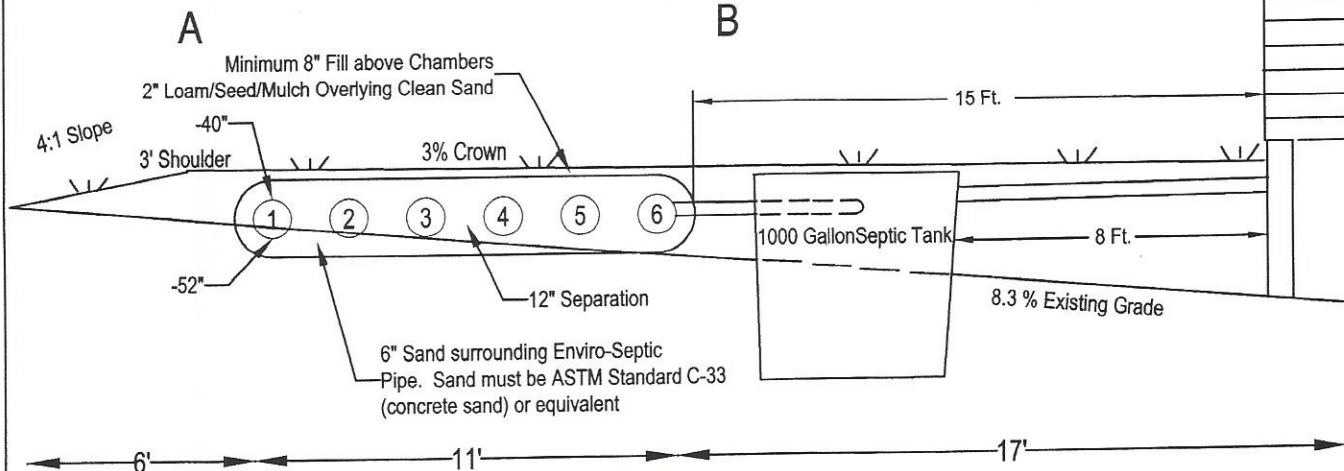
NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED.

DISPOSAL FIELD CROSS SECTION

| ROW # | 1 | 2 | 3 | 4 | 5 | 6 |
|--------|------|------|------|------|------|------|
| TOP | -40" | -40" | -40" | -40" | -40" | -40" |
| BOTTOM | -52" | -52" | -52" | -52" | -52" | -52" |

Scales:

Verticle: 1" = 5'
Horizontal: 1" = 5'



Site Evaluator Signature

SE #

Date

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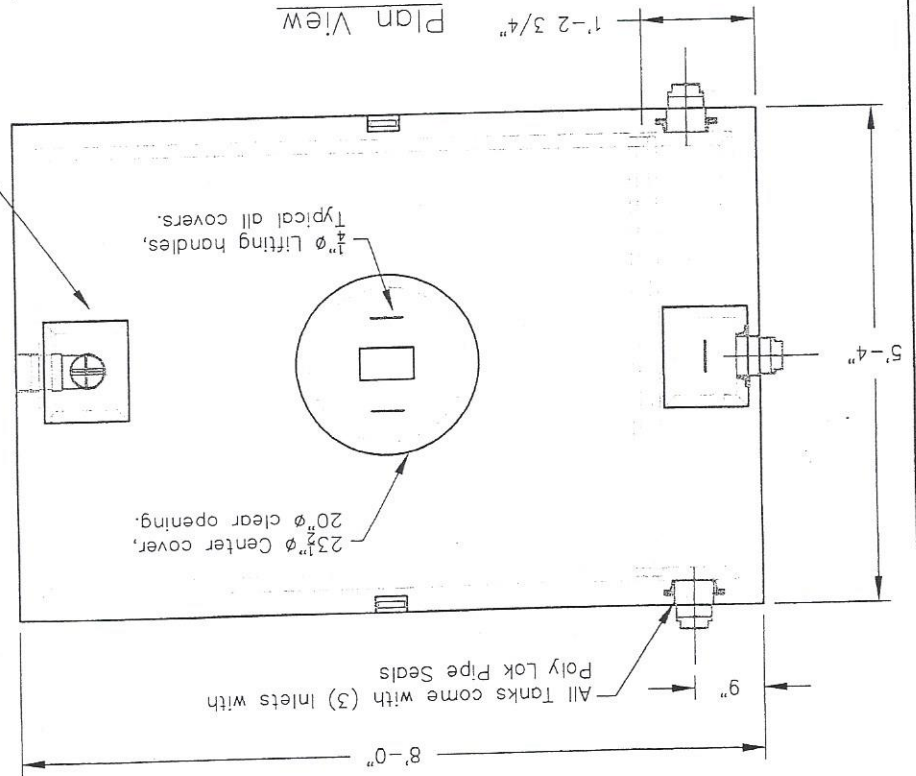
1000 Gallon Septic Tank

Weight: 9000 lbs.
Item # 2039 Standard
Item # 2133 Heavy Duty

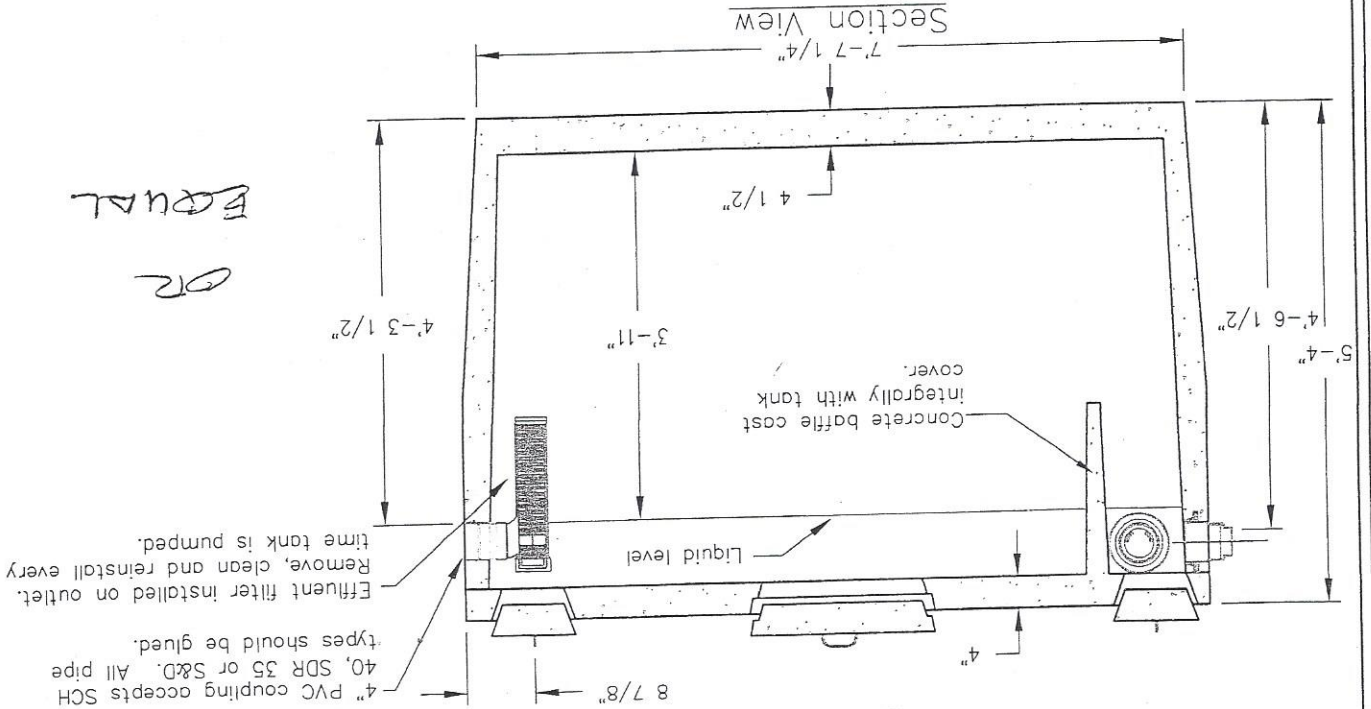
General Notes:

- Concrete Specifications:
- 1) 4000 psi @ 28 Days
 - 2) 4%-6% Entrained Air
 - 3) Tank Penetrations are integrally cast
 - 4) All joints sealed with butyl rubber joint sealant
- Septic Tank Information:
- 1) Tanks Should be pumped every 3-5 years
 - 2) Center access covers should have risers to bring cover access to grade.
 - 3) Tanks can be vacuum tested at an additional cost

- 11" X 13" Cleanout cover at each end of tank.
- 8" X 10" clear opening.



Plan View



Section View

OR
EQUAL



American Concrete Industries
1022 Minot Ave. Auburn, ME / 1717 Stillwater Ave. Veazie, ME
Tel: 207-784-1388 / Tel: 207-947-8334

Last Revised: 01/06
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